

HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

Administration; Rehabilitative Services

Mobile Response and Stabilization Management Services for Children, Youth and Young Adults Under the Partnership for Children

Proposed New Rules: N.J.A.C. 10:77-3.8 and 6.1 through 6.11.

Proposed Amendments: N.J.A.C. 10:49-3.1, 5.2, 5.6, 5.7, 5.8 and 5.10; N.J.A.C. 10:73-3.13; N.J.A.C. 10:77-1.1 and 1.2 .

Proposed Recodification with Amendments: N.J.A.C. 10:77-4 as 10:77-7.

Authorized by: Gwendolyn L. Harris, Commissioner,
Department of Human Services.

Authority: N.J.S.A. 30:4D-1 et seq., specifically 7 and 12.
Sections 1902(a)(10) and 1905(a)(15) of the Social Security Act, 42 USC 1396a(a)(10) and 1396d(a) respectively, and Section 2101 of the Social Security Act, 42 U.S.C. 1397aa.

Calendar Reference: See Summary below for explanation of the exception to the rulemaking calendar requirements.

Agency Control Number: 03-P-09.

Proposal Number: PRN 2004 - .

Submit comments by March 20, 2004 **to:**

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The agency proposal follows:

Summary

Mobile response and stabilization management services are aimed at ensuring the safety of children, youth and young adults and their families/caregivers who are facing crisis situations. Mobile response agencies are committed to providing services to address the undesired presenting behavior(s) as expeditiously as possible in order to prevent the disruption of the child, youth or young adult's current living arrangement. These services are available under the Department of Human Services' Partnership for Children (formerly the Children's System of Care Initiative) to all eligible children, youth and young adults under age 21, without regard to Medicaid/NJ FamilyCare eligibility or previous involvement with the Partnership for Children. Those individuals not previously enrolled in the Partnership for Children will be registered with the Contracted System Administrator as part of receiving the initial mobile response services and will be referred for continuing stabilization management services if needed.

Mobile response and stabilization management services will consist of two separate functions: mobile response services and stabilization management services. Mobile response services are the intensive, therapeutic and rehabilitative crisis intervention services provided during the initial 72 hours (spanning up to four days) after the referral is received. These services are intended to provide short-term stabilization of a crisis situation that requires intervention to address the presenting behavior, prevent the disruption of the individual's current living arrangement and ensure the immediate safety of the child, youth or young adult and his or her family/caregiver. Stabilization

management services follow the mobile response services and are an extension of this service. Stabilization management services focus on the monitoring and management of appropriate formal and informal mental/behavioral health services for a period of up to eight weeks, as authorized by the Contracted System Administrator, after the initial 72 hours of mobile response services.

Mobile response agencies will be required to enroll as Medicaid/NJ FamilyCare fee-for-service providers and to submit claims in the proper format to Unisys, the Medicaid/NJ FamilyCare program fiscal agent, to receive reimbursement. The Division of Medical Assistance and Health Services will receive Federal reimbursement under Titles XIX and XXI of the Social Security Act for providing mobile response and stabilization management services to eligible Medicaid/NJ FamilyCare children, youth and young adults under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.

At N.J.A.C. 10:49-3.1, Provider types eligible to participate, it is proposed to add, at N.J.A.C. 10:49-3.1(a)16, "Mobile response agencies" to the list of eligible mental health rehabilitation provider types.

At N.J.A.C. 10:49-5.2, Services available to beneficiaries eligible for, or children who are presumptively eligible for, the regular Medicaid and NJ FamilyCare-Plan A programs, it is proposed to add "Mobile response and stabilization management services" to

N.J.A.C. 10:49-5.2(a)19, the list of mental health services, including mental health rehabilitation services, that are covered.

At N.J.A.C. 10:49-5.6, Services available and unavailable to beneficiaries eligible for, or who are presumptively eligible for, NJ FamilyCare-Plan B or C, it is proposed to add a new N.J.A.C. 10:49-5.6(b)7i, indicating that beneficiaries under age 19 who are enrolled in NJ FamilyCare – Plan B or C and also enrolled in the Partnership for Children, may be eligible for additional mental health and mental health rehabilitation services if authorized by the Contracted Systems Administrator or other authorized agent of the Department for Human Services.

A new N.J.A.C. 10:49-5.6(d) is proposed, listing the additional mental health and mental health rehabilitation services that NJ FamilyCare–Plan B and C beneficiaries under age 19 who are enrolled in the Partnership for Children may receive. These services include mental health rehabilitation services provided in community residences, group homes or childcare facilities, behavioral assistance services for children, youth or young adults and mobile response and stabilization management services. As a result of the proposed new language at N.J.A.C. 10:49-5.6(d), the following changes are being made: N.J.A.C. 10:49-5.6(c)2vi, listing mental health rehabilitation services provided in community residences, group homes or childcare facilities is being deleted; N.J.A.C. 10:49-5.6(c)2vii and viii are recodified, with no change, as N.J.A.C. 10:49-5.6(c)2vi and vii; and the current language at N.J.A.C. 10:49-5.6(d) is recodified as N.J.A.C. 10:49-

5.6(e), and amended to include Partnership for Children services as services which are available during the presumptive eligibility period.

A new N.J.A.C. 10:49-5.7(b)1i(1) is proposed, indicating that NJ FamilyCare—Plan D beneficiaries under age 21 who are enrolled in the Partnership for Children may be eligible to receive additional inpatient psychiatric services as part of an authorized plan of care.

A new N.J.A.C. 10:49-5.7(b)1ii(3) is proposed indicating that NJ FamilyCare—Plan D beneficiaries under age 21 who are enrolled in the Partnership for Children are eligible to receive additional outpatient mental health services if authorized by the Contracted Systems Administrator or other agency authorized by the Department of Human Services as part of an authorized plan of care.

At N.J.A.C. 10:49-5.7(c)2x, language is proposed for addition indicating that inpatient psychiatric programs for children age 19 and under shall be covered if the child is also enrolled in the Partnership for Children and receiving the services as part of a PFC-authorized plan of care.

A new N.J.A.C. 10:49-5.7(d) is proposed, listing the mental health and mental health rehabilitation services that NJ FamilyCare—Plan D beneficiaries enrolled in the Partnership for Children are eligible to receive. These services include: care coordination through a Care Management Organization, mental health rehabilitation

services provided in community residences, group homes or childcare facilities, behavioral assistance services for children, youth or young adults and mobile response and stabilization management services.

As a result of the proposed new language at N.J.A.C. 10:49-5.7(d), the following changes are being made: N.J.A.C. 10:49-5.7(c)2xxxiv, listing mental health rehabilitation services provided in community residences, group homes or childcare facilities, is being deleted, with N.J.A.C. 10:49-5.7(c)2xxxv through xxxvii being recodified, with no change, as N.J.A.C. 10:49-5.7(c)2xxxiv through xxxvi.

N.J.A.C. 10:49-5.8(a) is being amended to read in past tense to correct a grammatical error.

A new N.J.A.C. 10:49-5.8(c)2 is being proposed to indicate that Plan H beneficiaries under age 21 who are enrolled in the Partnership for Children may secure additional mental health and mental health rehabilitation services if provided as part of a PFC-authorized plan of care.

At N.J.A.C. 10:49-5.8(d), language is being proposed for addition indicating that out-of-plan behavioral health services shall be available in a psychiatric hospital when provided to a NJ FamilyCare–Plan H beneficiary who is enrolled in the Partnership for Children.

A new N.J.A.C. 10:49-5.8(f)2ii is being proposed to indicate that Plan H beneficiaries under age 21 who are enrolled in the Partnership for Children may secure additional mental health and mental health rehabilitation services if provided as part of a PFC-authorized plan of care.

A new N.J.A.C. 10:49-5.8(g) is proposed, listing the services that NJ FamilyCare–Plan H beneficiaries enrolled in the Partnership for Children may receive. These services include: care coordination through a Care Management Organization, mental health rehabilitation services provided in community residences, group homes or childcare facilities, behavioral assistance services for children, youth or young adults, (See N.J.A.C. 2146(a).), and mobile response and stabilization management services.

A new N.J.A.C. 10:49-5.9(b) is proposed, listing the mental health and mental health rehabilitation services that NJ FamilyCare–Plan G beneficiaries under age 21 who are enrolled in the Partnership for Children may receive as part of an authorized plan of care. These services include: care coordination through a Care Management Organization, mental health rehabilitation services provided in community residences, group homes or childcare facilities, behavioral assistance services for children, youth or young adults, mobile response and stabilization management services.

At N.J.A.C. 10:49-5.10, Services available to beneficiaries eligible for NJ FamilyCare Plan I, a new N.J.A.C. 10:49-5.10(a)25iv is proposed to add language indicating that beneficiaries under age 21 who are enrolled in NJ FamilyCare–Plan I who are also

enrolled in the Partnership for Children, are eligible for additional mental health and mental health rehabilitation services if authorized by the Contracted Systems Administrator or other agency authorized by the Department of Human Services as part of an authorized plan of care.

A new N.J.A.C. 10:49-5.10(c) is proposed, listing the services that NJ FamilyCare –Plan B and C beneficiaries under age 21 who are enrolled in the Partnership for Children may receive. These services include: care coordination through a Care Management Organization, mental health rehabilitation services provided in community residences, group homes or childcare facilities, behavioral assistance services for children, youth or young adults, mobile response and stabilization management services.

At N.J.A.C. 10:73-3.13, Crisis management, a new N.J.A.C. 10:73-3.13(d) is proposed indicating that for children, youth or young adults receiving Care Management Organization (CMO) services under the Partnership for Children, initial mobile crisis response services may be provided by a mobile response agency for up to 72 hours, spanning up to four days. Crisis stabilization management services subsequent to the initial 72 hours of crisis management for children, youth or young adults receiving Care Management Organization (CMO) services must be included in the CMO's Individualized Service Plan and coordinated by the Child-Family Team, and must not be provided by the mobile response agency.

At N.J.A.C. 10:77-1.1(c)3i, ii and iii, references to "child(ren)" are being revised to read "child(ren), youth or young adult(s)" to maintain consistency throughout the text.

At N.J.A.C. 10:77-1.1(c)3ii, the text is proposed to be revised to indicate that a child, youth or young adult under age 21 who is covered under any plan of NJ FamilyCare who is enrolled in the Partnership for Children is eligible to receive services.

The language at N.J.A.C. 10:77-1.1(c)4i through iii, all references to "child(ren)" are being revised to read "child(ren), youth or young adult(s)" to maintain consistency throughout the text.

N.J.A.C. 10:77-1.1(c)6 is being amended to indicate that N.J.A.C. 10:77-6 is no longer reserved and now contains the relevant definitions and provider rules pertaining to mobile response and stabilization management services, as described in these proposed amendments and new rules.

At N.J.A.C. 10:77-1.2, the definition of "Department" to mean the Department of Human Services, is also being added.

Also at N.J.A.C. 10:77-1.2, Definitions, the phrase "for maximum reduction of physical or mental disability and restoration of an individual to his or her best possible functional level" is being added to the existing definition for "Rehabilitative services" to make the

definition consistent with the Federal definition of rehabilitative services at 42 C.F.R. §440.130.

At N.J.A.C. 10:77-1.2, Definitions, the definition of “child” is being amended to include youth and young adult to make the definition consistent with the term used throughout the Partnership for Children program.

The phrase "For Children Provided In Psychiatric Community Residences for Youth, Group Homes or Residential Childcare Facilities" is proposed to be added to the title of N.J.A.C. 10:77-3, Mental Health Rehabilitation Services, to accurately describe the specific services covered by that subchapter. The new heading of the subchapter will read as follows: Mental Health Rehabilitation Services for Children, Provided In Psychiatric Community Residences for Youth, Group Homes or Residential Childcare Facilities.

A new N.J.A.C. 10:77-3.10, Collaboration with mobile response agencies, is being proposed to add information concerning the mobile response agency's referral of children, youth or young adults for temporary placement. This temporary placement shall not exceed seven days, and the providers of the bed may request an additional per diem reimbursement to cover any additional costs, using the authorization number provided by the Contracted System Administrator.

Proposed subchapter N.J.A.C. 10:77- 5 is reserved. Additional mental health services for children, youth and young adults will be proposed in the near future. Subchapter 5 will contain the rules for intensive in community services.

A new subchapter, N.J.A.C. 10:77-6, Mobile Response and Stabilization Management Services for Children, Youth and Young Adults, containing definitions, program requirements, provider participation requirements, beneficiary eligibility, recordkeeping and reimbursement for these services is proposed. The details of this subchapter are more completely described in the subsequent paragraphs of this summary.

Proposed N.J.A.C. 10:77-6.1, Purpose and scope, states that mobile response and stabilization management services are provided to children, youth and young adults experiencing crisis situations to avoid disruption of the beneficiary's current living arrangement. These services will be provided by mobile response agencies with the capacity to respond 24 hours-a-day, 365 days a year with professionals trained to assess and stabilize the presenting situations.

Proposed N.J.A.C. 10:77-6.2, Definitions, contains definitions for the terms "authorization," "children's mobile response services," "crisis bed," "individualized crisis stabilization plan," "initial crisis plan," "prior authorization," "stabilization management services," and "young adult" as they are used in this subchapter.

Proposed N.J.A.C. 10:77-6.3, Provider participation requirements, states that all providers shall be under contract with the Department of Human Services and enrolled as a mobile response agency with the Medicaid/NJ FamilyCare program. Requirements related to procedures for enrollment as a Medicaid/NJ FamilyCare provider are described here, including the specific requirement that the provider must submit the application to the Director of the Partnership for Children (PFC) and that the PFC Director must approve the application prior to the provider being enrolled as a Medicaid/NJ FamilyCare provider. N.J.A.C. 10:77-6.3 also includes a requirement that, if the provider is no longer approved by the DHS Partnership for Children, or if the provider receives notice that its contract with the Department is in default status or has been suspended or terminated for any reason, the provider must notify the Division of Medical Assistance and Health Services within 10 business days. An additional provision of N.J.A.C. 10:77-6.3 requires that the provider be immediately disenrolled until such time as the DHS contract is renewed or reinstated and the Division has been notified by the Director of the Partnership for Children that the provider should be reinstated as a Medicaid/NJ FamilyCare mobile response and stabilization management services provider.

Proposed N.J.A.C. 10:77-6.4, Staff requirements, describes the general requirements of the staff rendering mobile response and stabilization management services. All services shall be provided directly by, or under the supervision of, a licensed behavioral healthcare clinician with a minimum of 3.5 years applicable experience serving the

target population. All direct care staff shall have a minimum of a bachelor's degree in a related field and one year relevant fieldwork experience.

Proposed N.J.A.C. 10:77-6.5, Eligibility for services, states that all children, youth and young adults for which the services have been deemed necessary by the Department, or an authorized agent of the Department, shall have access to the services under the Partnership for Children, regardless of their eligibility for the Medicaid/NJ FamilyCare program.

Proposed N.J.A.C. 10:77-6.6, Program description: mobile response services, requires that the services shall be available 24 hours a day, seven days a week. Mobile response services are the services provided during the 72-hour period (spanning up to four days) after the initial referral, with face to face contact being provided within 24 hours. For those situations that are determined to require an immediate response, face-to-face contact shall be made within one hour of the referral. Mobile response services include services aimed at resolving the presenting crisis situation without disrupting the beneficiary's current living situation, including the development and registration of an Individualized Crisis Plan (ICP). The ICP shall be developed by the mobile response agency, approved by a licensed clinician and registered with the CSA within 72 hours of the initial referral. The ICP shall include interventions to address the immediate presenting problem, provide stabilization and a plan to transition the child, youth or young adult to an appropriate level of service to develop formal and informal community supports. The ICP shall be reviewed and amended as needed to provide linkages with

system partners during the 72 hour response, the stabilization management period (not to exceed eight weeks) and subsequent to the eight-week stabilization management period.

Proposed N.J.A.C. 10:77-6.7, Stabilization management services--general, requires that stabilization management services are provided, as authorized by the Contracted System Administrator (CSA), for a period of time not to exceed eight weeks subsequent to the initial response. During the stabilization management period, the mobile response agency is responsible for managing and monitoring the services included in the ICP to ensure that the services being provided are effectively addressing the behaviors of the child, youth or young adult. This includes reviewing and monitoring the Individual Crisis Stabilization Plans within prescribed timeframes.

Proposed N.J.A.C.-10:77-6.8, Authorization for services, states that services provided during the initial 72-hour mobile response period shall be registered with the CSA and that an authorization number shall be provided to the mobile response agency for use when seeking reimbursement. Stabilization management services provided subsequent to the initial 72-hour period shall require prior authorization from the Contracted Systems Administrator for services. Individual mental health or mental health rehabilitation services shall be prior authorized in accordance with provider-specific requirements.

Proposed N.J.A.C. 10:77-6.9, Reimbursement, states that the services shall be reimbursed on a fee-for-service basis. The reimbursement for mobile response services shall be reimbursed per episode; this "per episode" reimbursement shall include reimbursement for all services rendered within the 72-hour period. The stabilization management services, as described in new subsection (b) are not to exceed eight weeks subsequent to the initial response period, shall be reimbursed in one-quarter hour units of service, and are not to exceed a total of 64 units or 16 hours. The proposed language also states that individual providers rendering services included in the ICP shall receive reimbursement in accordance with the provider rules specific to their provider type, however, reimbursement for stabilization management services shall not be made to mobile response agencies for services rendered to children, youth or young adults receiving Care Management Organization (CMO) services. As indicated in subsection (c), crisis stabilization management services for beneficiaries receiving CMO services shall be included in the ISP and shall be the responsibility of the Child-Family Team. Mobile response agencies shall not be reimbursed for rendering stabilization management services to children, youth or young adults receiving CMO services.

Proposed N.J.A.C. 10:77-6.10, Required records for each beneficiary, states, in subsection (a), that all providers shall keep records in accordance with all applicable Federal and State laws, rules and regulations, and, at subsection (b), as required by the Contracted Systems Administrator, and/or the Department of Human Services (DHS) or its designee. The required information needed to support the submission of claims for

mobile response and stabilization management services are listed. The minimum requirements for the service record for each child are listed at subsection(e). Documentation requirements related to crisis and emergency situations and weekly progress notes for the child are also described in subsection (e). Subsection (f) requires all providers to meet management information systems specifications. Also included, at subsection (g), is the requirement that all records shall be made available to the DHS, The Division of Medical Assistance and Health Services, the Division of Mental Health Services, the Division of Youth and Family Services or any authorized agent of the DHS, , upon request.

Proposed N.J.A.C. 10:77-6.11, General provider recordkeeping requirements, requires the provider to maintain appropriate files of confidential information in a secure location and in accordance with all applicable Federal and State laws, rules and regulations. These files are required to contain documentation of the qualifications of the staff members and shall be provided to the Department or any authorized agent of the Department, upon request.

At proposed N.J.A.C. 10:77-7.2(b), the phrase "provided in psychiatric community residences for youth, group homes or residential childcare facilities" is being added to the heading to more accurately describe the codes listed. The HCPCS procedure code H0018 TJ is being added, with the corresponding reimbursement amount, to enable these providers to request reimbursement for providing temporary placement in a crisis

bed for a beneficiary receiving mobile response and stabilization management services, if additional costs are incurred.

Proposed N.J.A.C. 10:77-7.2(d), Mobile response and stabilization management services, lists the HCPCS procedure codes, S9485 TJ and H0032 TJ, that will be used by providers when seeking reimbursement from the Medicaid/NJ FamilyCare program for these services.

The Department has determined that the comment period for this proposal will be 60 days; therefore, pursuant to N.J.A.C. 1:30-3.3(a)5, this proposal is exempted from the rulemaking calendar requirement.

Social Impact

These proposed amendments will not have an impact on current Medicaid or NJ FamilyCare beneficiaries who currently receive these services through DHS-contracted providers. Services will continue to be provided with no change in scope or coverage. There will only be a change in the funding source for some of the services provided. Although it is the goal of the Department to enroll all children in need of these services into the Partnership for Children, the Department realizes that this will take time. The children, youth or young adults identified through the referrals for mobile response services shall be registered and shall have continued access to Partnership for Children services if needed. Those children currently receiving mobile response and stabilization

management services who are not currently enrolled into the Partnership for Children will continue to receive services in accordance with current DHS-approved contracts until the Statewide implementation of the Partnership for Children is completed. It is estimated that approximately 3,000 children, youth or young adults annually will receive mobile response and stabilization management services.

The proposed amendments and new rules will have a positive impact on the existing providers of mobile response and stabilization management services. The proposed amendments and new rules place uniform requirements for these services in a central location. The proposed requirements ensure that qualified and licensed professionals will be providing, or supervising the provision of, mobile response and stabilization management services.

Providers of these services will now be subject to all Medicaid/NJ FamilyCare requirements governing the provision of services, including adherence to the billing procedures required by the Division's fiscal agent. All Mobile Response Agencies currently providing services under contract are enrolled as Medicaid/NJ FamilyCare providers for other services, so this requirement should pose no significant problem since the providers are already familiar with the general Medicaid/NJ FamilyCare requirements and billing procedures.

The proposed amendments and new rules will have a positive impact on the State by codifying consistent provider standards and requirements, ensuring that reimbursement is provided for a consistent quality of services from providers statewide.

Economic Impact

There will be no economic impact on beneficiaries, since beneficiaries are not currently required to pay for these services. This will not change as a result of the proposed new rules and amendments.

Providers may experience an increase in revenue based on the expanded beneficiary population eligible for services under the Partnership for Children or a decrease in revenue if they choose not to enroll in the Medicaid/NJ FamilyCare program as mobile response agencies and therefore will be unable to provide these services as part of the Partnership for Children. Specific impact on the provider community will be the result of the amount of services provided and the amount of claims correctly filed with the fiscal agent for reimbursement. Cost to the providers will result from the administrations and staffing requirements contained in N.J.A.C. 10:77-6. Services must be delivered or supervised by a licensed behavioral clinician. Direct care staff must have a bachelor's degree or a master's degree in an appropriate field. The services must be available 24 hours a day and must be delivered to the child, youth or young adult who is experiencing a crisis situation in such a way as to avoid disruption of his or her current

living arrangement. The specific costs can vary depending on a provider's implementation of the requirements.

These proposed amendments and new rules should have a positive economic impact on the Department of Human Services. These services are currently funded solely with State dollars. Once adopted, these amendments and new rules will generate savings in State dollars through the claiming of Federal reimbursement under Titles XIX and XXI of the Social Security Act.

The Federal and State share combined for the cost of mobile response and stabilization management services in State Fiscal Year 2003 is projected to be \$2.1 million.

Federal Standards Statement

Sections 1902(a)(10) and 1905(a)(13), 42 U.S.C. §§1396a(a)(10) and 1396d(a) respectively allow a State Medicaid program to offer other diagnostic, screening, prevention and rehabilitation services, including any services recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law, for the maximum reduction of physical or mental disability and restoration of an individual to the best possible level of functioning. The Federal regulations at 42 CFR 440.130 define other rehabilitation services. Within these general guidelines, the Federal statute and regulations anticipate that a State will promulgate regulations that define the scope of services and any limitations applied to the services.

Federal statutes (Title XXI of the Social Security Act) authorizing the State Childrens Health Insurance Plan (SCHIP), known in New Jersey as NJ FamilyCare, are broad guidelines and there is the expectation that the State will adopt the necessary regulations to assure the quality of services provided to NJ FamilyCare beneficiaries. Section 2101 of the Act (42 U.S.C. 1397aa) provides funds to the State to administer the NJ FamilyCare program in an effective and efficient manner.

The Division has reviewed the Federal statutory and regulatory requirements and has determined the proposed amendments and new rules do not exceed Federal standards.

Jobs Impact

These proposed new rules and amendments may result in the generation of jobs in the private sector as a result of new provider entities being formed to provide mobile response and stabilization management services under the Partnership for Children. The State has sufficient resources and will not require additional staffing as a result of this proposal.

Agriculture Industry Impact

These proposed new rules and amendments are not expected to have an impact on the agriculture industry in New Jersey.

Regulatory Flexibility Analysis

The proposed new rules and amendments will affect providers who currently provide mobile crisis response and stabilization management services. These providers will now be required to bill the Division directly for these services as Medicaid/NJ FamilyCare providers providing the services under the Partnership for Children. Many of these providers may be considered small businesses under the terms of the Regulatory Flexibility Act, N.J.S.A. 52:14B-16 et seq, therefore a regulatory flexibility analysis is needed.

The proposed amendments and new rules will impose some additional recordkeeping and compliance requirements on the providers, as delineated in the summary above. Specifically, providers will be required to submit claims to the Division's fiscal agent, in approved formats, complying with prescribed timeframes for submitting the claims. The providers will be required to maintain appropriate records of services rendered and the individuals who received the services. Providers will also be required to maintain appropriate records to document the qualification of the staff members rendering services.

The requirements contained in these proposed amendments and new rules must be equally applicable to all providers regardless of business size, because all claims must be submitted in a common format in order to assure that they can be efficiently and properly processed through the Division's fiscal agent. All provider requirements and

supporting documentation for those claims must be consistent throughout the provider community. The requirements in these proposed regulations ensure a standard of care for all beneficiaries.

There should be no capital costs associated with these requirements, since the production of claims for reimbursement purposes can be done with existing staff or purchased as a service from billing agents. The production of claims does not require capital expenditures. The maintenance of records supporting the claims is required by statute. No professional services are required beyond those required by the rules for the purpose of delivery of services to the beneficiaries.

Smart Growth Impact

The Department anticipates that the proposed amendments and new rules will have no impact on the achievement of smart growth in New Jersey or on the implementation of the State Development and Redevelopment Plan.

Full text of the proposal follows (additions indicated in boldface **thus**; deletions indicated in brackets [thus]):

CHAPTER 49
ADMINISTRATION MANUAL

10:49-3.1 Provider types eligible to participate

- (a) The following provider types [are] **shall be** eligible to participate as Medicaid/NJ FamilyCare-Plan A providers:

1.--15. (No change.)

16. Mental health rehabilitation providers:

i. – iv. (No change.)

v. Mobile response agencies (see N.J.A.C. 10:77-6); and

Recodify existing v. as vi. (No change in text.)

17. – 29. (No change.)

(b) (No change.)

10:49-5.2 Services available to beneficiaries eligible for, or children who are presumptively eligible for, the regular Medicaid and NJ FamilyCare-Plan A programs

(a) The services listed below [are] **shall be** available to beneficiaries eligible for the regular Medicaid/NJ FamilyCare-Plan A programs:

1. – 18. (No change.)

19. Mental health services [, including] **and** mental health rehabilitation services [provided in] **including**:

i. – iii. (No change.)

iv. Behavioral assistance services for children, youth or young adults under EPSDT (see N.J.A.C. 10:77-4);

v. Mobile response and stabilization management services for children, youth or young adults under EPSDT (see N.J.A.C. 10:77-6); and

Recodify existing v. and vi. as vi. and vii. (No change in text.)

20. – 31. (No change.)

(b) (No change.)

10:49-5.6 Services available and unavailable to beneficiaries eligible for, or who are presumptively eligible for, NJ FamilyCare-Plan B or C

(a) (No change.)

(b) The services listed below are available to beneficiaries eligible for NJ FamilyCare-Plan B or C under fee-for-service:

1. – 6. (No change.)

7. Mental health services provided by practitioners, such as physicians, psychologists, and certified nurse practitioners/clinical nurse specialists;

i. NJ FamilyCare – Plan B and C beneficiaries under age 19 who are enrolled in the Partnership for Children may be eligible for additional mental health and mental health rehabilitation services as authorized by the Contracted Systems Administrator (CSA). (See N.J.A.C. 10:49-5.6(d)).

8. – 11. (No change.)

(c) Services not covered under Plan B and C [are] **shall be** as follows:

1. (No change.)

2. Services not covered **shall** include, but [are not] **shall not be** limited to:

i. – v. (No change.)

[vi. Mental health rehabilitation services provided in residential childcare facilities (as defined in N.J.A.C. 10:127 and licensed by DYFS), children's group homes (as defined in N.J.A.C. 10:128 and licensed by DYFS), or psychiatric community residences for youth (as defined in N.J.A.C. 10:37B and licensed by DMHS) or behavioral assistance services for children/youth and young adults (see N.J.A.C. 10:77-4);]

Recodify existing vii. and viii. as vi. and vii. (No change in text.)

(d) Additional mental health and mental health rehabilitation services as listed below may be available to beneficiaries under age 19 who are eligible for NJ FamilyCare—Plan B or C under fee-for-service and enrolled in the Partnership for Children. All services shall first be authorized by the CSA or other agent authorized by the Department of Human Services and shall be included in an approved plan of care.

1. Care coordination by a care management organization (CMO) (see N.J.A.C. 10:73);

2. Mental health rehabilitation services provided in residential childcare facilities (as defined in N.J.A.C. 10:127 and licensed by DYFS), children's group homes (as defined in N.J.A.C. 10:128 and licensed by DYFS), or psychiatric community residences for youth (as defined in N.J.A.C. 10:37B and licensed by DMHS);

3. Behavioral assistance services for children, youth or young adults under EPSDT (see N.J.A.C. 10:77-4);

4. Mobile response and stabilization management services for children, youth or young adults under EPSDT (see N.J.A.C. 10:77-6).

[(d)] (e) All presumptively eligible NJ FamilyCare-Plan B and C beneficiaries shall be eligible to receive all the services specified in (a) and (b) above fee-for-service during the presumptive eligibility period, which shall include the services that are otherwise only available through the managed care organizations. The provision of the managed care services fee-for-service shall be limited to the presumptive eligibility period. **The additional mental/behavioral health services listed in (d) above may be available to children, youth or young adults under the age of 19 who are enrolled in the Partnership for Children during their period of presumptive eligibility.**

10:49-5.7 Services available and unavailable to beneficiaries eligible for NJ FamilyCare—Plan D and Plan D for adults

(a) (No change.)

(b) The services listed below [are] **shall be** available to beneficiaries eligible for NJ FamilyCare—Plan D under fee-for-service.

1. Services for mental health or behavioral conditions;

i. Inpatient hospital services, including psychiatric hospitals, limited to 35 days per year;

(1) A NJ FamilyCare—Plan D beneficiary under age 21 who is enrolled in the Partnership for Children (PFC) may secure additional inpatient psychiatric services provided in a psychiatric hospital, if authorized by the Contracted Systems Administrator (CSA) or other agent designated by the Department of Human Services (see N.J.A.C. 10:77-5.7(d)).

- ii. Outpatient benefits for short-term, outpatient evaluative and crisis intervention or home health mental health services, limited to 20 visits per year;

(1) – (2) (No change.)

(3) A NJ FamilyCare—Plan D beneficiary under age 21 who is enrolled in the Partnership for Children (PFC) may secure additional outpatient mental health services, if authorized by the Contracted Systems Administrator (CSA) or other agent designated by the Department of Human Services (see N.J.A.C. 10:77-5.7(d)).

- iii. (No change.)

2. – 3. (No change.)

(c) Services not covered under Plan D are as follows:

1. (No change.)

2. Services not covered include, but are not limited to:

i. – ix. (No change.)

x. Inpatient psychiatric programs for children age 19 years and under, **unless the beneficiary is also enrolled in the Partnership for Children and is receiving services as part of a plan of care authorized by the Contracted Systems Administrator or other agent authorized by the Department of Human Services;**

xi. xxxiii. (No change.)

[xxxiv. Mental health rehabilitation services provided in residential childcare facilities (as defined in N.J.A.C. 10:127 and licensed by DYFS), children's group homes (as defined in N.J.A.C. 10:128 and licensed by DYFS), or psychiatric community residences for youth (as defined in N.J.A.C. 10:37B and licensed by DMHS) or

behavioral assistance services fro children/youth or young adults
(see N.J.A.C. 10:77-4);]

Recodify existing xxxv. – xxxviii. as xxxiv. – xxxvii. (No change in text.)

(d) Additional mental health and mental health rehabilitation services as listed below may be available to beneficiaries under age 21 who are eligible for NJ FamilyCare—Plan D under fee-for-service who are enrolled in the Partnership for Children. All services shall first be authorized by the Contracted Systems Administrator or other agent authorized by the Department of Human Services and shall be included in an approved plan of care.

1. Care coordination by a care management organization (CMO)
(see N.J.A.C. 10:73);

2. Mental health rehabilitation services provided in residential childcare facilities (as defined in N.J.A.C. 10:127 and licensed by DYFS), children's group homes (as defined in N.J.A.C. 10:128 and licensed by DYFS), or psychiatric community residences for youth (as defined in N.J.A.C. 10:37B and licensed by DMHS);

3. Behavioral assistance services for children, youth or young adults (see N.J.A.C. 10:77-4); and

5. Mobile response and stabilization management services for children, youth or young adults (see N.J.A.C. 10:77-6).

10:49-5.8 Services available for beneficiaries eligible for NJ FamilyCare Plan H

(a) Childless adults whose income is below 100 percent of the Federal poverty level and who do not qualify for WFNJ/GA and who [are] **were** enrolled in NJ FamilyCare on July 1, 2002 shall be eligible to receive the NJ FamilyCare Plan H service package.

(b) (No change.)

(c) Out-of-plan community-based mental health services shall be limited to 60 service days per calendar year and shall be eligible for payment on a fee-for- service basis.

1. (No change.)

2. NJ FamilyCare—Plan H beneficiaries under age 21 who are enrolled in the Partnership for Children may secure additional mental

health services if the services are authorized by the Contracted Systems Administrator or other agent authorized by the Department of Human Services and included in a plan of care.

(d) No behavioral health out-of-plan service of any kind, where the place of service is a hospital, shall be a covered service, **unless provided in an approved psychiatric hospital to a beneficiary who is enrolled in the Partnership for Children.**

(e) (No change.)

(f) The following services shall be available to NJ FamilyCare–Plan H beneficiaries on a fee-for-service basis:

1. (No change.)

2. Mental health services in the community, including psychological services, up to a maximum of 60 days per calendar year;

i. (No change.)

ii. NJ FamilyCare–Plan H beneficiaries under age 21 who are enrolled in the Partnership for Children may be eligible for additional mental health and mental health rehabilitation

services as authorized by the Contracted Systems Administrator. (See N.J.A.C. 10:49-5.8(d))

(g) Additional mental health and mental health rehabilitation services as listed below may be available to beneficiaries under age 21 who are eligible for NJ FamilyCare Plan H under fee-for-service and are enrolled in the Partnership for Children. All services shall first be authorized by the Contracted Systems Administrator, the Division of Medical Assistance and Health Services or other agent authorized by the Department of Human Services and shall be included in an approved plan of care.

1. Care coordination by a care management organization (CMO) (see N.J.A.C. 10:73);

2. Psychiatric services provided in an inpatient psychiatric hospital setting (see N.J.A.C. 10:52);

3. Mental health rehabilitation services provided in residential childcare facilities (as defined in N.J.A.C. 10:127 and licensed by DYFS), children's group homes (as defined in N.J.A.C. 10:128 and licensed by DYFS), or psychiatric community residences for youth (as defined in N.J.A.C. 10:37B and licensed by DMHS);

4. Behavioral assistance services for children, youth or young adults (see N.J.A.C. 10:77-4); and

5. Mobile response and stabilization management services for children, youth or young adults under EPSDT (see N.J.A.C. 10:77-6).

10:49-5.9 Services available for beneficiaries eligible for NJ FamilyCare—Plan G

(a) General Assistance-eligible individuals shall receive Plan G services, which shall be those services delineated at N.J.A.C. 10:49-24.3.

(b) The mental health and mental health rehabilitation services listed below may be available to beneficiaries under 21 years of age who are eligible for NJ FamilyCare—Plan G if they are enrolled in the Partnership for Children. All services shall first be authorized by the Contracted Systems Administrator, the Division of Medical Assistance and Health Services or other agent authorized by the Department of Human Services and shall be included in an approved plan of care.

1. Care coordination by a care management organization (CMO) (see N.J.A.C. 10:73);

2. Psychiatric services provided in an inpatient psychiatric hospital setting (see N.J.A.C. 10:52);

3. Mental health rehabilitation services provided in residential childcare facilities (as defined in N.J.A.C. 10:127 and licensed by DYFS), children's group homes (as defined in N.J.A.C. 10:128 and licensed by DYFS), or psychiatric community residences for youth (as defined in N.J.A.C. 10:37B and licensed by DMHS);

4. Behavioral assistance services for children, youth or young adults (see N.J.A.C. 10:77-4); and

5. Mobile response and stabilization management services for children, youth or young adults under EPSDT (see N.J.A.C. 10:77-6).

10:49-5.10 Services available to beneficiaries eligible for NJ FamilyCare Plan– I

(a) The services listed below are available to beneficiaries eligible for NJ FamilyCare Plan I, on a fee-for-service basis, when medically necessary:

1. – 24. (No change.)

25. Services for mental health or behavioral conditions;

i. – iv. (No change.)

v. NJ FamilyCare – Plan I beneficiaries under age 21 who are enrolled in the Partnership for Children, may be eligible for additional mental health and mental health rehabilitation services as authorized by the Contracted Systems Administrator. (See N.J.A.C. 10:49-5.10(c); and

26. (No change.)

(b) (No change.)

(c) Additional mental health and mental health rehabilitation services as listed below shall be available to beneficiaries under age 21 who are eligible for NJ FamilyCare Plan I under fee-for-service who are enrolled in the Partnership for Children. All services shall first be authorized by the Contracted Systems Administrator or other agent authorized by the Department of Human Services and shall be included in an approved plan of care.

1. Care coordination by a care management organization (CMO)
(see N.J.A.C. 10:73);
2. Psychiatric services provided in an inpatient psychiatric
hospital setting (see N.J.A.C. 10:52);
3. Mental health rehabilitation services provided in residential
childcare facilities (as defined in N.J.A.C. 10:127 and licensed by
DYFS), children's group homes (as defined in N.J.A.C. 10:128 and
licensed by DYFS), or psychiatric community residences for youth
(as defined in N.J.A.C. 10:37B and licensed by DMHS);
4. Behavioral assistance services for children, youth or young
adults (see N.J.A.C. 10:77-4); and
5. Mobile response and stabilization management services for
children, youth or young adults under EPSDT (see N.J.A.C. 10:77-6).

CHAPTER 73

CASE MANAGEMENT SERVICES

10:73-3.13 Crisis management

(a) – (c) (No change.)

(d) Mobile crisis response services may be provided by a mobile response agency (See N.J.A.C. 10:77-6) for up to 72 hours, spanning up to four days. Crisis stabilization management services for those receiving CMO services subsequent to the initial 72 hours shall be included in the CMO's Individualized Service Plan in accordance with N.J.A.C. 10:73-3.12 and coordinated by the Child-Family Team, and shall not be provided by the mobile response agency.

CHAPTER 77

REHABILITATIVE SERVICES MANUAL

SUBCHAPTER 1. GENERAL PROVISIONS

10:77-1.1 Purpose and scope

(a) – (b) (No change.)

(c) The chapter is divided into seven subchapters and an appendix, as follows:

1. – 2. (No change.)

3. N.J.A.C. 10:77-3 contains definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific mental health rehabilitation services provided in psychiatric community residences for youth, group homes or residential childcare facilities, available only to:

i. Children, youth or young adults covered under Medicaid/NJ FamilyCare—Plan A

ii. Children, youth or young adults covered under [NJ FamilyCare—Plan B, C or D] any other NJ FamilyCare Plan who are also enrolled in the Partnership for Children (PFC); and

iii. Children, youth or young adults who are ineligible for Medicaid or NJ FamilyCare and who are enrolled in the PFC only.

4. N.J.A.C. 10:77-4 contains the definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and

recordkeeping requirements pertaining to the specific Medicaid/NJ FamilyCare-covered mental health rehabilitation service of behavioral assistance services available only to:

i. Children, youth or young adults covered under Medicaid/NJ FamilyCare—Plan A

ii. Children, youth or young adults covered under [NJ FamilyCare—Plan B, C or D] any other NJ FamilyCare Plan who are also enrolled in the Partnership for Children (PFC); and

iii. Children, youth or young adults who are ineligible for Medicaid or NJ FamilyCare and who are enrolled in the PFC only.

5. N.J.A.C. 10:77-5 is reserved. Once adopted, this subchapter shall contain the definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific Medicaid/NJ FamilyCare-covered mental health rehabilitation service of intensive in-community mental health rehabilitation services; available only to:

i. Children, youth or young adults covered under Medicaid/NJ FamilyCare—Plan A;

ii. Children, youth or young adults covered under any other NJ FamilyCare Plan who are also enrolled in the Partnership for Children (PFC); and

iii. Children, youth or young adults who are ineligible for Medicaid or NJ FamilyCare and who are enrolled in the PFC only.

6. N.J.A.C. 10:77-6 [is reserved. Once adopted, this subchapter will,] contains the definitions, provisions for provider participation, basis for reimbursement, policies and procedures, and recordkeeping requirements pertaining to the specific Medicaid-covered and NJ FamilyCare Plan A-covered mobile response and stabilization management services for children; available only to:

i. Children, youth or young adults covered under Medicaid/NJ FamilyCare—Plan A;

ii. Children, youth or young adults covered under any other NJ FamilyCare Plan who are also enrolled in the Partnership for Children (PFC); and

- iii. Children, youth or young adults who are ineligible for Medicaid or NJ FamilyCare and who are enrolled in the PFC only.

7. – 8. (No change.)

10:77-1.2 General definitions

The following words and terms, when used in this chapter, shall have the following meanings unless the context clearly indicates otherwise.

"Child, youth or young adult" means a Medicaid beneficiary under 21 years of age or a NJ FamilyCare ~~Plan B or C~~ beneficiary under 19 years of age, or [a child] an individual enrolled in the [Children's System of Care Initiative] Partnership for Children who is not [a] eligible for Medicaid/NJ FamilyCare [beneficiary, but] who is under 21 years of age.

"Department" means the Department of Human Services (DHS).

. . .

"Joint Commission on Accreditation of Healthcare Organizations (JCAHO)" means the organization that evaluates and accredits health care organizations

and programs in the United States. Information about JCAHO is available from: Joint committee on Accreditation of Healthcare Organizations, One Renaissance Blvd., Oakbrook Terrace, IL 60181; telephone, 630-792-5000; and on the Web at www.jcaho.org.

. . .

"Rehabilitative service" is an optional service that a state may define to include (pursuant to 42 C.F.R. 440.130) medical or remedial services recommended by a physician or other licensed practitioner within the scope of practice under State law, for maximum reduction of physical or mental disability and restoration of an individual to his or her best possible functional level.

SUBCHAPTER 3. MENTAL HEALTH REHABILITATION SERVICES FOR CHILDREN
PROVIDED IN PSYCHIATRIC COMMUNITY RESIDENCES FOR YOUTH, GROUP
HOMES OR RESIDENTIAL CHILDCARE FACILITIES

10:77-3.10 Collaboration with Mobile Response Agencies

(a) As part of an individual crisis stabilization plan (see N.J.A.C. 10:77-6) a mobile response agency may contact a non-JCAHO accredited psychiatric community residence for youth, group home or residential childcare facility to

place a child, youth or young adult receiving mobile response and/or stabilization management services for a period of up to seven days.

(b) The psychiatric community residence for youth, group home or residential childcare facility providing the crisis bed for the child may request reimbursement of a per diem fee, for up to seven days, to cover additional costs incurred by the facility during this period as included in a plan of care prepared by the Mobile Response Agency and authorized by the Contracted Systems Administrator (CSA). This per diem fee shall be reimbursed in addition to their usual reimbursement using the HCPCS procedure code, H0018 TJ. (See N.J.A.C. 10:77-7.2(b)).

(c) Effective for date of service on or after January 1, 2004 the Contracted Systems Administrator (CSA) will issue an authorization number for the facility providing the crisis bed to use when requesting reimbursement. The provider must enter this authorization number on the CMS-1500 claim form to ensure proper reimbursement is received.

SUBCHAPTER 5. (RESERVED)

**SUBCHAPTER 6. MOBILE RESPONSE AND STABILIZATION MANAGEMENT
SERVICES FOR CHILDREN, YOUTH AND YOUNG ADULTS**

10:77-6.1 Purpose and scope

(a) This subchapter sets forth the manner in which mobile response and stabilization management services shall be provided to eligible children and youth up to 18 years of age and young adults 18 to 21 enrolled in the Partnership for Children, who are experiencing emotional or behavioral disturbances, placing them at risk of losing their current living arrangement.

(b) Mobile response services provide face to face response by a local response team 24 hours a day, 365 days a year, by trained professional team member(s) who is/are qualified to assess, stabilize the presenting crisis situation and respond to the child/youth or young adult's needs.

10:77-6.2 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Authorization " means the authorization and the authorization number provided by the Contracted Systems Administrator or other agency authorized by the Department, in accordance with N.J.A.C. 10:77-6.8, allowing for reimbursement for services to be provided. This number is obtained before a provider requests reimbursement for a service.

"Children's mobile response services" means the intensive, therapeutic and rehabilitative crisis intervention and stabilization management services provided for the initial 72 hours after the referral is received from the Contracted Systems Administrator.

"Crisis bed" means an available bed in a psychiatric community residence for youth, group home or residential childcare facility (see N.J.A.C. 10:77-3) for the temporary placement (not to exceed seven days) of a child/youth or young adult who is in crisis.

"Individualized crisis plan (ICP)" means a crisis stabilization management plan that develops and implements necessary mental/behavioral health services, for a period of up to eight weeks, to stabilize the presenting crisis situation. The ICP includes linking the child, youth or young adult with ongoing formal and informal mental/behavioral health services in the community after the presenting situation has been stabilized.

"Initial Crisis Plan" means the plan of care developed and registered with the Contracted Systems Administrator within the first 24 hours after the referral is received. The initial crisis plan contains the services and interventions to be provided during the mobile response for the initial 72 hours after the referral and a preliminary discharge plan to connect the beneficiary with services subsequent to the initial 72-hour period.

"Prior authorization" means an authorization, and an authorization number, provided by the Division of Medical Assistance and Health Services, the Contracted Systems Administrator or other agency authorized by the Department, in accordance with N.J.A.C. 10:77-6.8, allowing for services to be rendered. This number is obtained before a provider renders a service to ensure appropriate reimbursement is received.

"Stabilization management services" means the development, monitoring and coordinating of an Individual Crisis Plan (ICP), for up to eight weeks subsequent to the initial 72 hours, to ensure the stabilization of the situation.

"Young adult," for the purposes of the Partnership for Children, means an individual, under age 21, who had been receiving DHS services prior to becoming 18 years of age, and who demonstrates a need for the continuation of services as part of his or her transition into the adult-serving system.

10:77-6.3 Provider participation requirements

(a) In order to participate as a Medicaid/NJ FamilyCare/Partnership for Children provider of children's mobile response and stabilization management services, a provider must apply to, and be approved by, the New Jersey Medicaid/NJ FamilyCare fee-for-service program as a Mobile Response Agency, in accordance with the provisions of this subchapter. Providers who are enrolled as other provider types in the Medicaid/NJ FamilyCare program shall complete a separate application to enroll as a Mobile Response Agency.

(b) Children's mobile response and stabilization management services providers shall be under contract with the Department of Human Services as a Mobile Response Agency. Such contract shall be in full effect and not suspended or terminated.

(c) All applicants shall complete and submit a provider application to:

Department of Human Services

P.O. Box 700

Trenton, NJ 08625-0700

Attn: Director, Partnership for Children

(d) The applicant shall receive notification of approval or disapproval of provider status. If approved, the applicant shall be enrolled as a Medicaid/NJ FamilyCare provider and shall be assigned a unique provider number for seeking reimbursement for the provision of mobile response and stabilization management services. All approved and enrolled providers shall receive a copy of the provider manual and the fiscal agent billing supplement.

(e) Providers of children's mobile response and stabilization management services shall, at all times, maintain compliance with all applicable State and Federal laws, rules and regulations.

(f) If a provider receives notification that the provider is no longer approved by the DHS Partnership for Children, or if the provider receives notice that its contract with the Department is in default status or has been suspended or terminated for any reason, the provider shall notify the Division of Medical Assistance and Health Services at the address below within 10 business days.

Division of Medical Assistance and Health Services

Office of Provider Enrollment

PO Box 712

Trenton, NJ 08625-0712

(g) If the provider's contract with the Department is in default status or has been suspended or terminated for any reason, or if the provider is no longer approved by the DHS Partnership for Children, the provider shall be immediately disenrolled as a Medicaid/NJ FamilyCare mobile response and stabilization management services provider until such time as the DHS contract is renewed or reinstated and the Division has been notified by the Director of the Partnership for Children that the provider should be reinstated as a Medicaid/NJ FamilyCare mobile response and stabilization management services provider.

10:77-6.4 Staff requirements

(a) Mobile response and stabilization management services shall be delivered directly by, or under the supervision of, a licensed behavioral clinician, who, at a minimum:

1. Is licensed in a behavioral health field, including, but not limited to: psychiatry, social work, counseling, psychology or psychiatric nursing;
2. Has 3.5 years applicable clinical and supervisory experience; and

3. Has the authority to directly provide, or supervise the provision of, these services within the scope of their practice, as defined by applicable New Jersey State statute and regulation.

(b) The direct care staff of the mobile response agency shall, at a minimum:

1. Possess a bachelor's degree in a behavioral health or related human services field, such as social work, counseling or psychology and have a minimum of one year related field work experience; or

2. Possess a master's degree in a behavioral health or related human services field.

10:77-6.5 Eligibility for services

(a) Children, youth and young adults are eligible for mobile response and stabilization management services under this subchapter if the services have been determined necessary by the Department of Human Services, any authorized Division of the Department or any contracted agent of the Department authorized to assess the need for these services.

(b) Children, youth or young adults are eligible to receive mobile response and stabilization case management services as described in this subchapter if they are:

1. Covered under Medicaid/NJ FamilyCare—Plan A,
2. Covered under any other NJ FamilyCare—Plan and enrolled in the Partnership for Children; or
3. Are ineligible for Medicaid or any NJ FamilyCare program and enrolled in the Partnership for Children only.

10:77-6.6 Program description: mobile crisis response services

(a) Mobile crisis response services shall be provided in the first 72 hours, spanning up to four days after the initial referral/dispatch, and shall include, but are not limited to:

- i. Mobile outreach services;

ii. Assessment and evaluation of the presenting crisis that shall include an assessment of child and community safety, caregiver capability, and clinical risk;

iii. Clinical interventions to stabilize the presenting crisis;

iv. Temporary placement (not to exceed 7 days) in a community residence for youth, group home or residential childcare facility;

v. The development of an individualized crisis plan (ICP); and

vi. Providing information to the family support organization (FSO), as appropriate.

(b) Mobile response services shall be targeted toward the stabilization of the presenting behaviors and situation, with the goal of preventing a disruption of current living arrangement, inappropriate psychiatric hospitalization or residential placement.

(c) Mobile response services shall be available 24 hours a day, seven days a week, and shall be rendered by a mobile response team wherever the need presents, including, but not limited to, the child's home, other living arrangement or other location in the community.

1. Mobile response services shall not be eligible for reimbursement if provided in an acute care hospital, a JCAHO accredited inpatient psychiatric hospital, or other JCAHO accredited residential facility, although an initial referral to a mobile response agency may be made prior to the child's discharge from the facility.

i. If the mobile response agency receives a referral for a child in an acute care hospital, a JCAHO accredited inpatient psychiatric hospital, or other JCAHO accredited residential facility, the 72 hour timetable shall begin upon referral. The first date of service shall be billed as the date the child is discharged from the facility, with the last date indicating the end of the 72-hour period of service. Providers will receive reimbursement for one unit of service, which may cover less than 72 hours of service provided to the child outside the residential facility.

2. Initial face-to-face contact with the beneficiary and/or his or her family/caregiver by the mobile response team member(s) shall occur within 24 hours of the initial referral. However, for those situations determined to require an immediate response by the team, face-to-face contact shall be made within one hour.

(d) The mobile response agency shall be responsible for developing an Initial Crisis Plan for the child/youth or young adult and his or her family/caregiver with the goal of stabilizing the presenting crisis situation. The mobile response agency shall develop the ICP after the initial contact with the child/youth or young adult and his or her family/caregiver and shall register the initial plan with the Contracted Systems Administrator (CSA) within 24 hours. At a minimum, the initial plan shall include:

1. Appropriate therapeutic interventions to address the presenting problem and stabilize the situation; and
2. A discharge plan necessary for managing and coordinating the service plan subsequent to the initial 72 hours, including referrals for appropriate services, based on the individual situation, to be provided during the crisis stabilization period. The initial plan shall be updated and an Individual Crisis Plan (ICP) shall be filed with the CSA within 72 hours, reflecting the follow up planning for the child, youth, young adult and his or her family/caregivers. The discharge plan for children receiving CMO services shall reflect a discharge back to the CMO at the end of the crisis response episode.

10:77-6.7 Stabilization management services – general

(a) Upon discharge from the initial crisis response episode, the stabilization management services for children, youth or young adults who are enrolled in the PFC but who are not receiving CMO services shall be provided by the mobile response agency in order to monitor and coordinate ongoing care and services during a period of up to eight weeks, subsequent to the initial 72 hours of services.

(b) During the period of stabilization management services, the CSA and a designated representative from the mobile response agency shall review the Individual Crisis Plan (ICP), to ensure that the services included are effectively addressing the presenting issues. Amendments to the ICP shall be registered with the CSA within 24 hours.

1. The ICP shall be completed and filed within 72 hours of the referral.

2. For a child, youth or young adult who is temporarily placed in a crisis bed in a community residential mental health rehabilitation facility, the need for continued stay in the crisis bed shall be reviewed, documented and authorized by the CSA daily, with appropriate amendments to the ICP as indicated.

3. For a child, youth or young adult receiving on-going stabilization management services, the ICP shall be reviewed a minimum of once per week. Stabilization management services shall be authorized by the CSA on a weekly basis. (See N.J.A.C. 10:77-6.8.)

(c) Services included in the ICP during the stabilization management period may include, but shall not be limited to:

1. Continued monitoring of the temporary placement of a child in a crisis bed located in a group home, a psychiatric community residence, or residential treatment center after the initial 72 hours; and

2. Necessary mental/behavioral clinical interventions to stabilize the crisis, including, but not limited to: psychiatric services, medication management, psychological, community based mental health rehabilitation services including, but not limited to, behavioral assistance services and intensive in-community services, or other formal or informal community-based mental health/behavioral health rehabilitation services.

(d) The ICP shall include a discharge plan that links the child to clinical behavioral and emotional services, formal and informal community supports and linkages with appropriate system partners subsequent to the period of stabilization management services. These services may include, but are not

limited to, residential or other community-based mental/behavioral health rehabilitation services.

(e) For children, youth or young adults who are receiving Care Management Organization (CMO) services, stabilization management services shall not be reimbursable to the mobile response agency.

10:77-6.8 Authorization for services

(a) Initial response services shall be limited to 72 hours per episode, beginning at the start of the initial referral/dispatch and spanning up to four days, and shall be registered with the CSA. The CSA shall provide an authorization number upon registration of the initial plan which shall be used by the mobile response agency when requesting reimbursement.

(b) The stabilization management services provided by the mobile response agency, subsequent to the initial 72-hours, shall require authorization by the CSA. The CSA will authorize one week of stabilization management services for each authorization number, up to a maximum of eight weeks.

(c) For children, youth or young adults receiving Care Management Organization (CMO) services, mobile crisis response services shall be authorized

for the initial 72-hour period only. Stabilization management services for those receiving CMO services shall be included in the CMO's Individualized Service Plan in accordance with N.J.A.C. 10:73-3.12.

10:77-6.9 Reimbursement

(a) Reimbursement for mobile response services shall be fee-for-service. For the first 72 hours of service, a flat fee-for-service rate per episode shall be provided and shall cover all the services provided during this time period. Providers shall bill one unit of service per episode.

1. Mobile response services provided to children, youth or young adults who were discharged into the community within three days of the last billable episode shall be provided by the mobile response agency without additional reimbursement.

2. Mobile response services provided to a child, youth or young adult who had been discharged from stabilization management shall initiate a new course of treatment and shall be reimbursed accordingly.

(b) Stabilization management services provided after the first 72 hours, for a period not to exceed eight weeks, shall be fee-for-service and shall cover only the mobile response agency's monitoring and management of the child, youth or young adult's ICP. The unit of service shall be 15 minutes. The provider may bill for a maximum of 64 units (16 hours) over the eight-week period, as authorized by the CSA. The provider shall bill only for the amount of time actually provided for stabilization management on each date of service.

(c) For children, youth or young adults receiving care management organization (CMO) services, mobile crisis response services may be provided by a mobile response agency (See N.J.A.C. 10:77-6) for up to 72 hours, spanning up to four days. For children, youth or young adults receiving CMO services, crisis stabilization management services shall be included in the Individualized Service Plan and coordinated by the Child-Family Team.

(d) Individual Medicaid/NJ FamilyCare enrolled providers rendering services included in the authorized ICP shall receive reimbursement in accordance with the provider-specific rules relative to their provider type, including, but not limited to, meeting all provider qualification, prior authorization and service delivery requirements.

10:77-6.10 Required records for each beneficiary

(a) Each provider entity shall maintain all records in accordance with Departmental contract rules (see N.J.A.C. 10:3) and in compliance with appropriate Federal and State laws, regulations and rules, including, but not limited to, N.J.A.C. 10:49-9.8.

(b) Providers shall maintain any and all information required by the Department of Human Services or authorized designee or the Contracted Systems Administrator for services rendered to a child enrolled in the Partnership for Children.

(c) Providers shall maintain the following data in support of all mobile response services claims:

- 1. The name and address of the beneficiary;**
- 2. The name and title of the individual providing the service;**
- 3. The exact date(s), location(s) and time(s) of service;**
- 4. The length of face-to-face contact, excluding travel time to or from the location of the beneficiary contact.**

(d) Providers shall maintain the following data in support of all stabilization management claims:

- 1. The name and address of the beneficiary;**
- 2. The name and title of the individual providing the service;**
- 3. The exact date(s), location(s) and time(s) of service;**
- 4. The type of activity/service provided in accordance with the goals of the service plan; and**
- 5. The length of face-to-face contact, excluding travel time to or from the location of the beneficiary contact.**

(e) The provider shall maintain an individual service record for each child/youth or young adult which shall contain, at a minimum, the following information:

- 1. The dates of service and number of care hours received;**

2. The diagnosis provided with initial referral;
3. The reason for referral and involvement;
4. The individual service plan;
5. Documentation of any and all crisis or emergency situations that occur during the provision of stabilization management services (if applicable), including a summary of the corrective action taken and resolution of the situation; and
6. Weekly quantifiable progress notes toward defined goals as stipulated in the child/youth or young adult's service plan.

(f) All providers shall meet all Children's Initiative Management Information Systems (CI-MIS) specifications as provided by the Contracted Systems Administrator (CSA) or other Department-designated agent.

(g) Providers shall make the records described in (a) through (f) available to the Department of Human Services, the Division of Medical Assistance and Health

Services, the Division of Mental Health Services, the Division of Youth and Family Services, the Contracted Systems Administrator, or other authorized State agents, as requested.

10:77-6.11 General provider recordkeeping requirements

(a) Medicaid/NJ FamilyCare enrolled mobile response agencies shall retain, in a secure location, and in compliance with all applicable Federal and State laws, rules and regulations, confidential information related to the individuals providing, or supervising the provision of, services and shall produce the information for the Department of Human Services, or any Department-authorized agents, in an orderly fashion on demand.

(b) For licensed clinical staff members of the agency, the following information shall be maintained:

1. Verifiable written documentation of the supervising licensed behavioral healthcare practitioner's credentials and any other adjunct staff involved with the direct administration and/or delivery of this service as appropriate, including, at a minimum:

i. His or her current and valid license number authorizing him or her to practice in New Jersey and the state where services are delivered;

ii. Verifiable written documentation of his or her experience working with children; and

2. Updates or changes regarding all information required in (b)1 above, which shall be forwarded to the PFC by the provider within 10 days of receipt of the updated information. Updated information shall include, but shall not be limited to, additional continuing education units obtained, change of provider name and/or address, any action against licensure of the provider, and any criminal charges.

(c) For the direct care staff employed by the agency, the following information shall be maintained:

1. A copy of the direct care staff person's educational credentials;

2. Verifiable written documentation, including dates, of the direct care staff person's relevant experience in a comparable in community environment; and

3. Verifiable written documentation of the direct care worker's receipt of direct clinical supervision by a licensed behavioral healthcare practitioner.

(d) In addition to the specific records required to be maintained for specific staff, the following information shall also be maintained for all individuals providing or supervising the provision of services:

1. A copy of his or her current valid driver's license, if the operation of a motor vehicle is required to fulfill the responsibilities of the job; and
2. Verifiable written documentation of successful completion of a criminal background check conducted by a recognized and reputable search organization for all staff having direct contact with children.

SUBCHAPTER 7. CENTERS FOR MEDICARE AND MEDICAID SERVICES
HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:77 – 7.2 HCPCS procedure code numbers and maximum fee allowance schedule

- (a) (No change.)

(b) Mental Health Rehabilitation Services [Codes] provided in psychiatric community residences for youth, group homes or residential childcare facilities :

<u>IND</u>	<u>HCPCS</u>	<u>MOD</u>	<u>Procedure Code Definition</u>	<u>Maximum Fee</u>
	<u>Code</u>			<u>Allowance</u>
...				
<u>P</u>	<u>H0018</u>	<u>TJ</u>	<u>Mobile Response – Crisis Bed.</u>	<u>\$50.00</u>
			<u>For services rendered in psychiatric</u>	<u>per diem</u>
			<u>community residences for youth,</u>	
			<u>group homes or residential childcare</u>	
			<u>facilities to a child, youth or young</u>	
			<u>adult receiving mobile response and</u>	
			<u>stabilization management services.</u>	
			<u>(per diem, not to exceed 7 days)</u>	

(c) (No change.)

(d) Mobile response and stabilization management services

<u>IND</u>	<u>HCPCS Code</u>	<u>MOD</u>	<u>Procedure Code Definition</u>	<u>Maximum Fee Allowance</u>
<u>P</u>	<u>S9485</u>	<u>TJ</u>	<u>Mobile Response – Initial (one unit of service per episode, not to exceed 72 hours, spanning up to four days)</u>	<u>Contract Pricing</u>
<u>P</u>	<u>H0032</u>	<u>TJ</u>	<u>Mobile Response – Care Coordination and Stabilization Plan (15 minute units of service, not to exceed a total of 64 units or 16 hours, up to 8 weeks as authorized weekly)</u>	<u>Contract Pricing</u>

Gwendolyn L. Harris, Commissioner
Department of Human Services

Date